B - ADDITIONAL CLINICS/PERSONNEL VISITED

a - BADAKSHAN - Jurm. (30/07/88)

Abdul Wadood (trained as a pharmacist ?), received medicines from SCA in 1987*. When met by the team he had no medicine left. He was going to Peshawar for resupply. He was the only health provider in Jurm. There was a small clinic in the government controlled town of Jurm. Jurm is 6 hours by car from Faizabad. There were many cases of diarrhea, gastritis and suspected cases of tuberculosis and malaria. Some months earlier there had been much fighting and many wounded (most of them not severely). During the last months there were no wounded people.
Most of the patients were mujahideen. Twenty percent of the patients consisted of women, and 10-15% were children (most of them suffering from diarrhea). There was no birth attendant in Jurm and the health provider didn't have any knowledge of deliveries.

b - BADAKSHAN - Darra-e-Khosh.

There were 2 health providers:

- Ibsa Rahman, and
- Latif

They didn't follow any Peshawar-based training, but they had worked before the war in the hospital in Kunduz.
They had no medicines. The patients had to buy medicines in Faizabad, 5 hours away.

c - BADAKSHAN - Yaftal - Shakarlab.

The medic, Habibullah, had 6 months of training in Peshawar. He received medicines from SCA 2 years ago, there were none left. He was appreciated by the local community.

d - BADAKSHAN - Keshim.

There is a Council of the North clinic.

See in Appendix C-2 the CMC questionnaire.

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* : According to G.A.F (German Afghanistan Foundation), Abdul Wadood had received some medicines and salary from them.

e - PANJSHIR - Rokha.

Here, there was a former Russian hospital which was evacuated in May 1988. It has been restored to serve as the main hospital in Panjshir.

See Appendix B-1 : Medical Organization in the Panjshir (interview with Dr. Walid)

See Appendix B-2 : the medical part of the report An Evaluation mission to the Panjshir Valley, July 1988.

f - BADAKSHAN - KoranMunjan.

The health provider here, Said Abdul Wahab, had received some medical training before the war. He was supplied by the SCA.

IV - MONITORING ISSUES AND LESSONS LEARNED

A - PRACTICAL PROBLEMS

1) Frontier :

When the team had to pass the border in GarmChishmah, Chitral, the monitors were arrested by the Pakistani police and interrogated. They were released after a few hours, with the help of some Afghans. The following day they crossed the Pakistani borderposts without any problem.

2) Inter-Party fighting :

A biggest problem was the inter-party fighting in Badakshan between JIA and HIA, especially since the team had to go from HIA-areas in Baluch to JIA in Keshim. When the monitors crossed the area during the night, there was no heavy fighting, but a lot of cross fire in the mountains.

3) Sickness :

The third problem was that Peter (the non-medical monitor) was ill (diarrhea) during most of the trip. That is one of the reasons why it was necessary to shorten the mission.

4) Camera :

The last problem was Lars's videocamera, which he brought to film the clinics. In the second pass, Kafir Kotal, the mule carrying the equipment fell and the camera was crushed with some other equipment. So instead of bringing videofilms back, the team took black & white photos and slides of the clinics visited.

B - THE SEASON OF THE YEAR

Going to North-Eastern Afghanistan at the end of July, when the passes had just opened was not the best choice. Many of the medics and health providers were in Pakistan to fetch medicines or on their way back from Peshawar.
Of the 12 clinics the mission was supposed to visit:
- in 5 or 6 the health providers had not arrived from Peshawar, or had just arrived and not started work yet,
- 3 of the clinics were moving to new locations, as a result of fewer bombings.

It would have been better to go in one month later, but there could have been problems in the passes in October, on the way out.

C - AREA MONITORED

The 12 clinics, which were supposed to be monitored, were located over a wide area, from Darwaaz in the Northern part of Badakshan to Dushi in Baghlan. For different reasons, some of these clinics were not visited by the team. If the monitors had visited all the clinics and if they were functioning, reaching them would have add 4 weeks, and the monitoring another 2 weeks. It could then have been a problem to get out.
In other words it is very important that the objectives of the mission fit with the time alloted.

Another problem with an extensive area of observation is that the team passes through too many different commanders, different areas with different problems, different parties and even different cultural and linguistic groups. In order to monitor properly a clinic to assesss - its status with the local community, the quality of the medic's work, his problems and especially how they relate to training - it would be better to monitor a smaller area. It would also be good to look at the overall medical situation. The team only got the names of some of the clinics in the area, not of all. There are other health providers working by themselves in their homes within their village, as well as some "Afghan doctors" not trained by the CMC members organizations. Better cooperation between these groups could even be organized. A 2 month monitoring mission would suffice in Badakshan. The same applies to Takhar and Baghlan.

On the other hand, this first mission did yield certain advantages: the monitoring mission team members felt that covering such a wide area gave them an overall view of the situation (military, political, medical, social etc....) and enabled them to make a comparative study of different regions.

D - PREPARATION

More time must be spent preparing the monitoring mission. More information * must be gathered from the different training groups :

- Where are their medics (and not only their clinics) ?
- When did the medics leave Peshawar (if they did) ?

If possible find out what other Afghan health providers work in the area (e.g: first aid workers supplied by SCA , or others). Sound knowledge of the political situation in the area, and the different commanders and parties, is also needed. The task is made easier if one covers a smaller area.

E - MONITORING QUESTIONNAIRE

The work was divided into two main parts :

- monitoring the health providers,
- monitoring the clinics.

The team thought these two parts should be dealt with separately. The medics are not always working in a clinic. Many of them are working in a "kararga" (Mujahideen post) or with a Mujahideen group, or alone in their houses in their villages. Even these health providers can be interested in being checked, in discussing problems, or being assisted with more training. However in some areas there are Doctors (M.D) working in clinics/hospitals who are responsible for the local medics, and the need for monitoring is less critical in these areas.

1) It has been suggested that a questionnaire be <u>used for each health provider</u> to find out :

- about his medical knowledge ,
- about what sort of health structure he is working in (clinic/hospital etc...),
- whether other medics are working with him,
- whether there is a M.D in the vacinity,
- whether he is working alone, or in a "kararga",
- about the views of the surrounding people on the medic,
- about the medic's views on the problems he encounters in his daily work, and about the training he has received.

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* : the monitors should also be familiar with the various training programmes in Peshawar, and their curriculum. Assessing the quality of a medic is difficult if you don't know about the way he has been taught. That means that the monitors should be familiar with the various kinds of training programmes.

2) Then there should be a second questionnaire for **the clinics** :

- How they are organized ?

This questionnaire should include more questions about **the health** situation in the area, about the other clinics and **doctors in the** area and also hospitals and doctors in the nearby **towns currently** controlled by the Government.

3) The third part of the monitoring questionnaire **is about the** general situation (prices, refugees, **bombings). That is** important, and easier to do if the area monitored **is smaller.**

V - MEDIÇAL AND GENERAL CONDITIONS IN THE NORTH EAST

A - MEDICAL CONDITIONS

The monitoring team was fortunate enough to be able to discuss the medical situation and future plans of the Council of the North with Dr. Sahar (M.D), the head of that Council's Medical Committee (15/08/88 in Kheilab).

Currently there are 3 hospitals in the medical organization of the Council of the North:

- the central hospital in Kheilab,
- an hospital in Farkhar, and
- an hospital in Nahrin.

There are 10 clinics, located in :

- Keshim,
- Varsaj,
- Gharo,
- Khost,
- Andarab,
- Namakab,
- Eshkamesh,
- Khanabad,
- Nahrin,
- Dara-i-Pashae.

In the 3 hospitals there are also dental clinics.
One M.D is in charge of each hospital.
In the agreement for this year :

- Kheilab will be supported by MSH,
- Farkhar by SCA, and
- Nahrin by IMC.

This year 5 more clinics will be operational :

- Koran Munjan,
- Jurm,
- Rostaq,
- Kalagfgan,
- Fluland close to Kunduz.

The hospitals will be responsible for the surrounding clinics. The clinics will be responsible for the surrounding Basic Health Workers and for medics working outside the clinics.

The plans of the Council's Medical Committee do not include the hospitals and the clinics in government controlled (or until recently government controlled) towns and cities. The Committee is waiting for the military and political situation to stabilize. Once this has taken place, it will be necessary to consider the urban health structures and their organization. There are many pro-Mujahideen doctors, even in the hospitals in Kabul, Pul-e-Khumri and Kunduz. The Committee has contacts with some doctors, who continue to work in these hospitals.

The Council of the North tries to coordinate the work of the health committees from the different parties in the provinces. There are some problems with JIA and HIA and there is still much to be done.
The Council of the North decided recently that all medical work in this area should be supervised by the Council's Medical Committee. The different clinics won't be allowed to contact the humanitarian organizations in Pakistan. The contacts should go via, and be coordinated by the Medical Committee.

For this year the Council's Medical Committee gave priority to 3 programmes :

1) a programme for Immunization
2) a programme for Tuberculosis Control
3) and a Maternal & Child Health Care programme.

The Council's Medical Committee wished to begin immunization and T.B control programmes, in one or two districts, this year, in order to gain experience before larger projects begin for the whole Northern area.

To begin Maternal & Child Health Care programme the Council planned to work with the local birth-attendants. In addition, the Council got in touch with female nurses that had left Kabul. The Council is hoping that these nurses could train birth-attendants and assist program administration.

To manage these projects more money is needed : to recruit staff, and to get better means of transportation to the villages.
Money is also needed for modernizing hospitals. Much of the equipment is in bad condition. Most of the clinics are set up in the houses of the medics. There is a need for funds to build new houses for the clinics and to equip them (beds, bedsheets etc...).

B - GENERAL SITUATION

Now the situation is quickly changing. The Soviets have evacuated many areas and government posts, and Cities have been liberated. That changes reflects on the medical situation too. Big hospitals in towns/cities will soon be in the hands of the Mujahideen. CMC members should pay attention to this changing situation, for future planning.

There is also another factor to consider as far as the hospitals are concerned. There have been fewer bombings in the free areas the last year. Many clinics are moving from caves/high valleys to more central location and to towns (Panjshir, Khelab, Nahrin).

The difficulties in cooperation between the various parties are a big problem. In the North-East area the biggest problem is in Badakshan where there is direct fighting between JIA and HIA. This year the fighting has decreased.
There is no report of inter-party fightings in other parts of the North-East area, except between JIA and HIA.
It reflected on the medical programmes, as seen in the examples below :

1. - The monitors were told by HIA commanders and their people that they had a well equipped hospital in the village of Sad Borgan, in Chal district, close to Namakab in Takhar. In this hospital there was an X-Ray machine, an operation ward and a laboratory. It was staffed and equipped by Arabs.
   - On the other hand JIA has a small clinic in Namakab. First the JIA doctor wasn't aware of the HIA hospital (Dr. Sahar). Then he admitted that there was a big hospital in Sad Borgan But there was no cooperation and the clinic in Namakab did not refer their patients to the hospital.

2. - There was an identical situation in Nahrin with a small HIA clinic and a JIA hospital.

There was an exception in Khost where the HIA health provider Ali Mohammed worked in the JIA Kheilab hospital while his clinic was closed.
The major party problems seem to be between JIA and HIA. There seems to be fewer problems with the other parties. Some medical cooperation is possible with JIA for example in Kunduz.

In Badakshan, as well as Takhar and probably Panjshir, the lack of food this winter may be a big problem.
As a result of the drought this spring, high altitude dry farming has suffered and there is a risk of famine this winter (Yaftal, Jurm, and upper Keshim).
The estimates for this year's harvest in Yaftal is only 30-40% of the usual. The price for wheat in Yaftal has soared to 500 Afghanis/seer and will probably double by winter.

As mention above, the situation inside Afghanistan changes fast. While the team was in the area, the cities of Khanabad, Taloqan and Kunduz were liberated by the Mujahideen, and so were some government posts close to Faizabad. The Afghans were very optimistic. They expected Faizabad would be liberated within four months, Keshim even before that. The general opinion was that the Soviets are really leaving Afghanistan, and that the Kabul Government is becoming weaker.

The Mujahideen are well organized in the North-Eastern area, especially, the JIA with its Council of the North. According to them, that is the reason why they have been able to liberate two provincial capitals and why they will be able to soon liberate the whole North-Eastern area.



NJ-42-11
NJ-42-12
NJ-42-16
NI-42-8
NI-42-7
I,4
II,4
KUNDUZ
Kunduz
Chardara
Khanabad
Imam Sahib
Yangi Qala
Chah Ab
Rost
Taloqan
Keshim
TAKHAR
Forkh
Faizabad
BADAKSHAN
Koh-i-Khwaja Mohammed
Ishkashem
Ishkamish
Baghlan
BAGHLAN
Khost
Andarab
Panjshir
HINDU KUSH
Chitral
Kamdesh
KUNAR
Nuristan
Asmar
Asadabad
KAPISA
Kohistan
LAGHMAN
PARWAN
Ghorband
Charikar
Baghram
Mahmud-i-Raqi
Nijrab
Koh-i-Paghman
Shakardara
Deh Sabz
KABUL
Sarobi
Mehtar Lam
Jalalabad
Chardihi
Shomali
Pagh
Peshawar

APPENDIX A

MAP OF THE AREA

APPENDIX B-1

MEDICAL ORGANIZATION IN THE PANJSHIR

(from an interview with Dr. Walid, in Rokha, Panjshir, 21/08/88)

Dr. Walid graduated from Kabul Medical College in 1981. He worked for 3 years as an army-surgeon an also taught army-medicine during 3 years. One year ago he defected to Peshawar and he returned to Afghanistan some months ago. When the team met him, he had been in Panjshir for 3 weeks. Currently he is the Director of Health for the central zone of The Council of the North.

To understand the current medical problem in Panjshir, it is important to remember the heavy bombings and the numerous refugees from this area. Before, the health providers had to stay up on the hills in improper mobile clinics. With the change of the situation and the withdrawal of the Soviet troops from the Panjshir Valley, the doctors have now been able to organize proper clinics and health programmes. Until now, they only had the responsability for the Mujahideen. Now some refugees are returning to Panjshir, mainly from Kabul and other cities, so the burden of the health sector has increased (especially with endemic diseases like malaria*).
Preventive measures are very important, such as vaccination. For this purpose they planned this hospital in Rokha to become the main hospital with different branches; medical ward, surgery and orthopedics,and also a ward for infectious diseases. They also have plans to establish new clinics in different parts of Panjshir.

The mines are a big medical problem in Panjshir. In the 3 weeks Dr. Walid had been in Panjshir, 5 persons had been killed and 4 wounded and operated for mine injuries. Before he arrived these numbers were even higher, while they tried to clean areas from mines. The Russians have left, but their mines will kill for many years.

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* :According to Dr. Walid, the incidence of endemic diseases (smallpox, malaria and other) have gone up due to bombardment and other explosives.
This information is of questionable reliability because :
- Malaria doesn't spread in an area because of explosives;
- Smallpox has been eradicated for more than 10 years after extensive vaccination campaign. However, from time to time some people report cases of smallpox inside Afghanistan. Most often the signs described fit better with the diagnosis of chicken-pox. This misunderstanding can be attributed also to poor translation.

One of the major problems for the returning refugees is that most of their houses have been destroyed. Shelter for these people may be a problem in the winter.

Another problem is the lack of hospitals. With the 6 clinics in Panjshir they hope to address the immediate needs of the people. These clinics are not sufficiently equipped, supplied with medicines or staffed.
According to Dr. Walid there are 58 health providers (including doctors, nurses, mid-level medics, first-aid or basic health workers) in Panjshir. Most of them have been trained by IMC, FM, ICRC (International Committee of Red Cross) and other humanitarian organizations based in Peshawar. Their experience extends mostly to treating Mujahideen suffering from injuries, and is very limited in the treating women, children or old people. Dr. Walid hopes that when Afghanistan is free, doctors will come from Kabul or other cities to areas like Panjshir. He hopes also that Afghan Doctors currently working abroad will return. There is a need for an organization of the health system in the country.

The hospital of Rokha was built by the Russians 3 years ago. When the Russians left Panjshir they took everything from the hospital, including the windows, the light bulbs and the wiring. Only the building itself was left. That building was meant as a Russian military hospital, but not for the needs of the people. It is not only the main hospital for the Panjshir Valley, but for all of the central zone (which includes Parwan and Kapisa provinces, and the Northern part of Kabul). The plans for the hospital are to make 3 different sections:

- one surgical unit in the existing buildings,
- one medical unit in a new building,
- and one section for infectious diseases, in a building a few kilometers away.

An indication that the facilities are too small, is that there is no ward for women. Until now there has been little need, but with the return of the refugees, women and children will need hospital facilities. The first priority, therefore, is for hospitals construction. The building requires urgent reconstruction. The wiring system is totally destroyed, the same applies to the pipe system. There is then the need for different types of medical equipment such as autoclaves, surgical instruments, uniforms for the staff, beds, tables etc... The first stage in organizing and estasblishing it, as an effective hospital for the need of Mujahideen and returning refugees, will cost at least 10 million Afghanis*.

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* : This figure was quoted from discussion with Dr. Walid. For planning purposes a more specific budget would be necessary.

Notes on the activity of the hospital in Rokha

On the 21/08/88 there were 5 patients in the hospital:

- Two with minor mine-injuries that were recently operated.
- One was an old man with an occlusion of the sigmoidum. Dr. Walid had made a resection of the intestines and a stomi, and was quite happy with the good result.
- One man had a broken leg.
- Another one had osteomyelitis after a war-injury.

Patients who arrived on that date :

- one boy with small mine injury, and
- one man with a rupture of the urethra after falling from the mountain.

Both of them were operated on that day.

TABLE OF ABREVIATIONS

CMC Members which had some health facilities visited **by the CMC** monitoring team :

- FM FREEDOM MEDICINE
- IMC INTERNATIONAL MEDICAL CORPS
- MSF MEDECINS SANS FRONTIERES
- MSH MANAGEMENT SCIENCES FOR HEALTH
- MTA MEDICAL TRAINING FOR AFGHANS
- SCA SWEDISH COMMITTEE FOR AFGHANISTAN

Resistance Parties :

- JIA JAMIAT-e-ISLAMI AFGHANISTAN
- HIA HEZBI-e-ISLAMI AFGHANISTAN (Gulbuddin **Hekmatyar)**

I - INTRODUCTION

C.M.C's Board of Directors decided last winter to set up a joint monitoring activity on a pilot basis. At that point in time, some of the C.M.C-members' training programs had been unable to monitor the work of their graduates inside Afghanistan. Other members, which regularly sent expatriate medical teams inside, found it easier to carry out some monitoring. All the members felt that joint monitoring of health workers and health facilities would offer significant advantages:

- cutting monitoring costs by allowing members to pool resources,
- reducting risks by having one team to examine the different health facilities in the same area,
- allowing the collection of uniform and comparable information,
- reducing possible subjectivity by providing an independant and impartial assessment,
- pooling knowledge of the medical situation in a given area in order to coordinate selection of trainees, design of curricula and planning of health facilities.

Planning for C.M.C's first two missions began in the spring with the recruitment of an experienced consultant as Monitoring Coordinator and recruitment of expatriate monitors to form the two teams. A monitoring Subcommittee was formed and as a part of its work, developed a combined observation guide and questionnaire for the Monitoring teams' use. The first area selected for a Monitoring Mission was North-Eastern Afghanistan. A Swede, Lars Grahnstrom, who works for the Swedish Committee for Afghanistan in Stockholm, and a Norwegian, Peter Hjukstrom, were selected to lead this mission. Lars Grahnstrom who is a registered nurse, had made previous trips inside Afghanistan and had visited the area to be monitored the previous summer.

The information in this report was gathered through direct observation and interviews, some of which used the monitoring questionnaire as a guideline.
In addition, the team was fortunate enough to be able to discuss the medical situation and future plans of the Council of the North with Dr. Sahar, the head of that Council's Medical Committee (see Section V. A).

An interview was also held with Dr. Walid, health director for the central zone of the Council of the North. Since this discussion focused on medical problems and facilities in the Panjshir, which was not strictly speaking, a scheduled part of this mission, the monitors' notes are attached in Appendix B-1.

II - ORGANIZATION AND LOGISTICS

Twelve health facilities and health workers in three provinces, Badakshan, Takhar and Baghlan, were selected for monitoring by this mission (see the attached map in Appendix A). These health workers were trained and/or supplied and supported by different C.M.C members. These facilities were first pinpointed on a topographical map and a route was established.

The monitoring team arrived in Pakistan on the 7/07, and entered Afghanistan (crossing the frontier close to Chitral) on the 23/07.
The two expatriates travelled with an Afghan guide and a translator.

The list of the clinics to be monitored was as follows:

N#	Province	District	Village	Training Program
5	BAGHLAN	Nahrin	Niaz Afhgan	IMC/FM
6	BAGHLAN	Khost/Frang	Khost/Frang	FM
7	BAGHLAN	Center	Qazi Kalai	IMC
8	BAGHLAN	Dushi	Dana Olivan	IMC
26	BADAKSHAN	Darwaz	Jarf	IMC/FM
27	BADAKSHAN	Darwaz	Deh Mullyan	IMC
28	TAKHAR	Rostaq	Rostaq	FM
29	TAKHAR	Farkhar	Ardishan/Mianshar	IMC
40	BADAKSHAN	Centre	Gozar Ghani (Faizabad)	MTA
41	BADAKSHAN	Centre	Yafta Ulia (Faizabad)	MTA
42	TAKHAR	Farkhar	Khailab	MTA
50	BAGHLAN	Khost/Frang	Dahani	IMC.

For security reasons a code number was given to each clinic.

The in-country mission lasted 5 weeks.
The monitoring team was back in Pakistan on the 30/08/88.

III - CLINICS MONITORED

A - THOSE ON THE C.M.C LIST

41 - BADAKSHAN - Yaftal Ulia. (05/08/88)

The medical assistant, Shir Mohammad, had not arrived yet from Peshawar. The local people were not certain where the clinic was going to be situated.

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40 - BADAKSHAN - Yaftal Balaa - Palangdara village. (03/08/88)

This facility was constructed in cooperation with M.S.F. When the monitoring team reached the hospital, it was closed and locked. It looked like it had not been used for quite a while. It was very dusty, but some medicines and equipment could still be seen.
There was different information about the hospital and its staff, from various sources. According to most sources, this is the staff of the hospital:

- Abdul Ahmad (the responsible of the hospital)
- Nasir Mohamad
- Abdul Hamid

These three health providers had been working at the hospital 2 to 3 weeks before. They had then joined the regional Commander Basir Khaled Khan, on a military operation up to the North to Rogh and Darwaaz.
In the staff there was also:

- Namatullah
- Said Hassan
- Fasluddin

The three of them were in Pakistan.
The Medical Assistant Abdul Jabar (trained by M.T.A) had not arrived in Yaftal, and was still in Peshawar.
According to the brother ~~of the commander~~, Sial Haq Abusahr, the clinic didn't get any medicine or equipment last year and there had not been any M.S.F doctors*.
The clinic is 5 to 6 hours of walk/horseride from Faizabad. When Faizabad is liberated by Mujahideen it will be possible to go most of the way by car in one hour.

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* : Last year M.S.F doctors were ambushed. Their medicines were stolen. They then proceeded to the hospital and remained there for 3 weeks. As they had no medicines they left after that period.

26 & 27 - BADAKSHAN - Darwaz.

There are two clinics: one in Jarf (IMC/FM)
and one in Deh Mullyan (IMC).
The monitoring team didn't visit these clinics, because there was inter-party fighting between JIA and HIA in Rogh and Darwaaz.

Jarf: The team got the information that the clinic in Jarf was empty, there was no medic there. Some medics were supposed to arrive soon from Pakistan.

Deh Mullyan: The team didn't manage to get any information on the Deh Mullyan clinic.

28 - TAKHAR - Rostaq.

This clinic was not visited. According to Dr. Sahar, head of medical affairs for the Council of the North, this clinic is not operational yet. It is supposed to start working in a few months under the supervision of the Northern Council.
One medic, Abdul Jamid (FM) is there now, preparing the clinic.
The other medic who was supposed to be there, Mohammad Naim (FM) was not known by Dr.Sahar.

29 - TAKHAR - Farkhar, Varsaj - Khanaqah village. (12/08/88)

Visiting this clinic, the monitoring team met the following health providers (all from IMC):

- Said Qumar (head of the clinic)
- Said Khalid
- Abdul Kadir

In this clinic the team met also Nassir Farouki (IMC Director of in-country Operations), who is monitoring the clinics supported by IMC. He had just arrived from Peshawar with medicines and with new IMC medics:

- Mohammad Sharif, who was going to Farkhar clinic, and
- Said Mohammad, who was going to Argu.

Nassir Farouki had already started monitoring the clinic, so the CMC team prefered to concentrate on a discussion with Said Qumar about the clinic.
The clinic is located in an empty house in the village of Khanaqah It seemed to be well organized, though often short of medicines. However, a new supply of medicines had just arrived.
The patients' most common symptom was "Generalized Body Pain".
According to the medic, typhoid and chronic bronchitis were common. Pneumonia and acute bronchitis seemed to occur less.
There were a lot of patients with suspected tuberculosis, but T.B drugs were not supplied.

The health provider didn't come across any problems concerning the examination of women. He said that villagers knew him and understood he was a medical worker. They were not against women visiting the clinic. Many women were coming to the clinic, though most of them were not severely ill.
Said Qumar explained that most of the patients were asking for injections. But he only had tablets. He was requesting some antibiotics (injectable).
He thought that the medics' training could be improved. They should be taught to concentrate more on the patients' backgrounds. They should also learn the different kinds of physical examination more thoroughly.
This clinic was visited on a Friday (a non-working day), so the team didn't have the opportunity to see any of the work in the clinic.
The hospital in Farkhar is two hours by car from the clinic. They are both in the medical organization of the Council of the North. The more severe cases and operations were refered to that hospital.
According to the medic, cooperation between the Nahrin hospital and the Central hospital in Khelab was very good.

42 - TAKHAR - Kheilab hospital (in the valley North of Khost Fereng). (15 & 16/08/88)

This is the central hospital of the Council of the North. The location of the hospital is very safe, but inconvenient spot: high on a steep valley. There are also good caves in the area around the hospital. It is difficult for the patients to get to the hospital, and a long way down to get water. There are no trees to provide shade in the summer or wood in the winter. For these reasons, and because the valley hasn't been bombed for 2 years, it was decided to move the hospital. The new location is 30 km. South, in a sidevalley in the centre of Khelab where it will be possible to reach the hospital by car. The valley is well situated with good water and lots of trees for shade and wood. The place is relatively safe, with high mountains on both sides, and caves are being constructed. The construction of the hospital has started and will probably be completed within 3 to 4 months. Close to the new hospital a medical school is under construction. The first course for Basic Health Workers has just started, with 15 students drawn from all of the Council of the North's provinces. The course is done in cooperation with M.S.H and lasts 7 weeks. Three courses a year have been planned. Dr. Amir Mohammed (M.D), who recently arrived from Peshawar, is the responsible for the courses.

See in Appendix C-1 the CMC questionnaire about the hospital today.
See in Section V-A) the Medical Conditions of the Council of the North.

5 - BAGHLAN - Nahrin.

In Nahrin there are 2 clinics. The team received the following informations from different sources:

City of Nahrin : There is a clinic of the Council of the North (JIA). It used to be situated in a well protected sidevalley close to the village of Godri. This clinic is now moving to the city of Nahrin. It is an IMC clinic and the IMC Director of in-country Operations (Nassir Farouki) was going there. The medicines and new medics were on their way from Peshawar. The clinic was not yet operational.

Niaz: The other clinic is in the village of Niaz. It is a HIA clinic supported by FM. The villagers the CMC team met, appreciated the medics. No medics were there at the time. They were in Peshawar.

6 - BAGHLAN - Khost Fereng - Doabi village.

There is a Council of the North clinic here.
Three medics trained by FM were working there :

- Mohammad
- Emamudin
- Abdul Salam

When the CMC team arrived, these 3 medics were in the central hospital of Kheilab for discussions with Dr. Sahar and for further training. They were supposed to return in one week's time.

50 - BAGHLAN - Khost Fereng - Dahana village. (17/08/88)

Mir Gholam Dastagir (IMC) had just arrived from Peshawar when the monitors arrived in the village. The medicines and equipment had been unpacked. The clinic had previously operated out of his home, but he was now planning to move into an empty, partly destroyed, school building.
Dr. Ali Mmohammad (IMC) was working in the central hospital in Kheilab while Dastagir was in Peshawar. He planned to return to the Dahana-clinic upon Dastagir's return.

7 & 8 - BAGHLAN - Dushi and Center.

The staff and medicines for the IMC clinics had not yet arrived from Peshawar. On the road the team met a medic, Bismullah, trained by IMC, on his way to Dushi.

COORDINATION
OF
MEDICAL
COMMITTEES

C.M.C

PILOT MONITORING PROJECT

FIRST MISSION

TO NORTH-EASTERN AFGHANISTAN

JULY - SEPTEMBER 1988

Monitors:
Lars Grahnstrom
Peter Hjukstrom

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